# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

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THOMSON

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

#### OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form......1

SEC USE ONLY



Name of Offering ( check if this is an a	mendment and name has cha	nged, a	ind indicate change.)					
Offering of convertible promissory not Stock issuable upon conversion of suc conversion of the Series A Preferred Sto	h Preferred Stock; Sale o							
Filing Under (Check box(es) that apply):	☐ Rule 504		Rule 505	Rule 506	☐ Sec	tion 4(6)	□ ULOECFIVED	
Type of Filing:		×	New Filing		☐ Amen	dment		
	A. BA	SIC ID	DENTIFICATION 1	DATA			1441 11 9 201	
Enter the information requested about	t the issuer					110	TAR TO THE	
Name of Issuer ( check if this is an ame	ndment and name has chang	ed, and	indicate change.)				We's	
H-Stream Wireless, Inc.							185/	
Address of Executive Offices	mber (Including	g Area Code)						
152 Coronado Avenue, San Carlos, CA	70		\ <u>`</u> /					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)					Telephone Number (Including Area Code)			
same as above				same as abov	е			
Brief Description of Business  Manufacturer of wireless electronic equ	ipment							
Type of Business Organization								
<b>⊠</b> corporation	☐ limited partnership, already formed				☐ other (please specify):			
business trust	☐ limited partnership, to b	e forme	ed					
Actual or Estimated Date of Incorporation	or Organization:	-	Month 12	Year 2004		П	stimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)						DE	Simulation of the second of th	

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amadments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the EC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
	t name first, if individual)				
Peeters, Roel					
		Street, City, State, Zip Code) Ave., San Carlos, CA 94070			
Check Box(es) that Apply:	☐ Promoter	E Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Las Vleugels, Kate	t name first, if individual) lijn				
	sidence Address (Number and				
		Ave., San Carlos, CA 94070			
Check Boxes that Apply:	☐ Promoter	E Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	t name first, if individual)				
Intel Capital C					
	sidence Address (Number and	Street, City, State, Zip Code) Portfolio Manager, 2200 Missi	ion College Rivd M/S RN6.4	6 Santa Clara CA 95052	
Check Boxes	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
that Apply:	t name first, if individual)		<u> </u>		Managing Partner
Granite Ventu					
	sidence Address (Number and	Street, City, State, Zip Code) eet, Suite 1350, San Francisco	. CA 94104		,
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las Tallwood II, L	t name first, if individual) .P.				
	sidence Address (Number and ang, 635 Waverly Street, Pal				
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	<b>☒</b> Director	General and/or Managing Partner
Full Name (Las Yara, Ron	t name first, if individual)				
Business or Res	sidence Address (Number and I L.P., 635 Waverly Street, l				
Check Boxes that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	<b>☒</b> Director	General and/or Managing Partner
Full Name (Las Rand, Len	t name first, if individual)				
	sidence Address (Number and ntures II L.P., One Bush Str	Street, City, State, Zip Code) eet, Suite 1350, San Francisco	o, CA 94104		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	t name first, if individual)				
Business or Re	sidence Address (Number and	1 Street, City, State, Zip Code)			
	- <del> </del>	, , , , , , , , , , , , , , , , , , , ,			

	٥				В	. INFORM	ATION AB	OUT OFFE	RING				
1.	Has the issuer sold, or does the issuer intend to sell, to nonaccredited investors in this offering?										lo <u>X</u>		
2.	What is the minimum investment that will be accepted from any individual?										N/A		
3.	Does the o	bes the offering permit joint ownership of a single unit?										lo	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker σ dealer only. NONE													
Full	Name (Las	t name first	, if individua	1)									
Busi	iness or Re	sidence Ado	lress (Numbe	r and Street,	City, State	, Zip Code)							
Nam	ne of Assoc	iated Broke	r or Dealer										<u> </u>
State	es in Which	Person Lis	ted Has Solic	ited or Inter	ds to Solic	it Purchæers	<del></del>						
(Che	eck "All Sta	ates" or che	ck individual	States)					•••••••				□ All States
[AL	]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HÍ)	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	"]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	t name first	, if individua	1)									
Busi	iness or Res	sidence Ado	iress (Numbe	r and Street,	City, State	, Zip Code)						-	
Nam	ne of Assoc	iated Broke	r or Dealer	**, <u>**</u> - **		-							
State	es in Which	Person Lis	ted Has Solic	ited or Inten	ds to Solici	it Purchaser:				<del></del>	<del></del>	• • • • • • • • • • • • • • • • • • • •	
(Che	eck "All Sta	ates" or che	ck individual	States)		•••••							All States
[AL]	}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	· [VA]	[WV]	[WI]	[WY]	[PR]
			, if individua					<u> </u>		· · · · · · · · · · · · · · · · · · ·			
Busi	iness or Re	sidence Ado	dress (Numbe	r and Street,	City, State	, Zip Code)						<del></del>	
Nam	ne of Assoc	iated Broke	r or Dealer	· · · · · · · · · · · · · · · · · · ·			<u></u>	<del></del>					
State	ec in Which	Dergon 1 is	ited Has Solic	sited or Inte-	de to Solia	it Durchage		<del></del>	<u>-</u> -				
			ck individual										All States
•								IDEI	IDC1	[E] 1	[GA]	[HI]	[ID]
[AL]		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]			
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	-	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ..... Equity ..... 11,880,000.00 11,880,000.00 Preferred Common Convertible Securities (including warrants)..... Partnership Interests. Other (Specify \_\_\_\_\_) Total ..... \$ 12,000,000.00 12,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases \$ 12,000,000.00\* Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 ..... Regulation A..... Rule 504 ..... Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs..... X Legal Fees.....

\* Excludes conversion of Convertible Promissory Notes in the amount of \$550,000.00 that were previously reported on a Form D.

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately).....

Other Expenses (Identify)\_\_\_\_\_\_
Total

45,000.00

C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND	USE OF PROCEEDS	
<ul> <li>Enter the difference between the aggregate offering price given in rein response to Part C – Question 4.a. This difference is the "adjusted</li> </ul>		\$ <u>11,955,000.00</u>	
5. Indicate below the amount of the adjusted gross proceeds to the issuer u If the amount for any purpose is not known, furnish an estimate and o payments listed must equal the adjusted gross proceeds to the issuer set i	check the box to the left of the e	stimate. The total of the	
		Payment to Officers,	Payment To
		Directors, & Affiliates	Others
Salaries and fees		□ \$	□ \$
Purchase of real estate		□ <b>\$</b>	□ <b>\$</b>
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ <b>\$</b>
Construction or leasing of plant buildings and facilities	······	□ s	□ <b>\$</b>
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger)		□ \$	□ s
Repayment of indebtedness		□ s	□ s
Working capital	<b>\$</b>	<b>X</b> \$11,955,000.00	
Other (specify):		<b></b> \$	□ s
Column Totals		□ \$	\$
Total Payments Listed (cdumn totals added)		□ \$	<b>≥</b> \$ 11,955,000.00
Total Payments Listed (Countil totals added)	<b>≥</b> \$ <u>11</u>	1,955,000.00	
D. FED	ERAL SIGNATURE	<u> </u>	
The issuer had duly caused this notice to be signed by the undersigned duly a an undertaking by the issuer to furnish to the U.S. Securities and Exchange C non-accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type)	Signature		Date
H-Stream Wireless, Inc.	Und D. Ta	7	12/23/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Mark P. Tanoury	Secretary		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STA	ATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the	disqualification provisions of such rule?	Yes No	-				
•	See Appendix, O	Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to the state adminisuch times as required by state law.	strator of any state in which the notice is filed, a notice on Form D	) (17 CFR 239.500	0) at				
3.	The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the co (ULOE) of the state in which this notice is filed and understands that the conditions have been satisfied.							
	sissuer has read this notification and knows the contents to be true and hoon.	has duly caused this notice to be signed on its behalf by the under	signed duly author	rized				
Iss	er (Print or Type)	Signature	Date					
Н-3	tream Wireless, Inc.	Mal D. Trum	12/23/05					
Ma	ne (Print or Type)	Title (Print or Type)						

Secretary



Mark P. Tanoury

# Instruction

:Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.